REQUEST FOR ROUTINE MENTAL STATUS EVALUATION PROCEDURE REQUIREMENTS 1. The original copy, with original signature (a reproduced copy will be unacceptable), of RWBAHC Form 491 must be on file prior to appointment. NO RWBAHC FORM 491, no report will be sent to the Commander. 2. Soldier must be escorted by permanent party E-4 or above, escort must wait in the clinic. SECTION I - SOLDIER'S IDENTIFYING DATA 1. NAME: 2. RANK: 3. AGE: 4. SSN: 5. MARITAL STATUS: 6. GT SCORE: 7. UNIT ASSIGNMENT: 8. UNIT PHONE #: 9. 1SG: 10. ENLISTMENT DATE: 11. ETS: 12. ARRIVAL DATE IN UNIT: **SECTION II - PURPOSE OF EVALUATION/COMMANDERS COMMENTS** NO 1. CHAPTER DISCHARGE PENDING: YES (OFFENSE): RECRUITER EVALUATION **DRILL SGT EVALUATION** 2. COMMENTS: Commander's impression and indication as to the nature of problem(s). Include any known factors from personal life, environment and/or unit. (If more space is needed, use block provided on reverse.) **SECTION III - MILITARY INFORMATION** 1. How does soldier get along on the job, with others in unit and with supervisor? 2. Problems/Strength in unit or previous unit: **SECTION IV - DISCIPLINARY ACTION** 1. History of Courts Martial: NO YES (offense): 2. Previous Article 15s (indicate date & offense): 3. Article 15 currently pending: NO Yes (offense): **SECTION V - REHABILITATION ATTEMPTS** 1. Counseling in unit, transfers, recycles, and job changes (comments):

2. Previous health/D&A/Social Work contact (give approximate dates and describe):

COMMANDER'S PRINTED NAME:

SIGNATURE & DATE:

SIGNATURE & DATE:

PRIVACY ACT STATEMENT

AUTHORITY: Authority for collection of information including social security number (SSN) Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397.

PRINCIPAL PURPOSES: The personal information will facilitate and document your health care.

SOLDIER'S PRINTED NAME:

Continuation of SECTION II, BLOCK 2
COMMENTS: (If more space is needed, attach a signed and dated statement)
Continuation of SECTION III, BLOCK 1
1. How does solider get along on the job, with others in unit and with supervisor? (If more space is needed, attach a signed and dated statement.):
Continuation of SECTION III DI OCK 2
Continuation of SECTION III, BLOCK 2
2. Problems/Strenght in unit or preivous unit:(If more space is needed, attach a signed and dated statement.):
Continuation of SECTION V, BLOCK 1
1. Counseling in unit, trasfres, recycles, and job changes: (If more space is needed, attach a signed and dated statement.):
Continuation of SECTION V, BLOCK 2
2. Previous health/D&A/Social Work contact (give approximate dates and describe): (If more space is needed, attach a signed and dated statement.):